

## Ulcerated Giant Lipoma over Nape of Neck – A Rare Case

Dinesh Kumar Barolia<sup>1\*</sup> and Devendra Atal<sup>1</sup>

<sup>1</sup>Department of General Surgery 1,2, R.N.T. Medical College, M.B. Govt. Hospital, Udaipur,  
Rajasthan, 313001, India.

### Authors' contributions

Both authors designed the study, collect all data and wrote the manuscript. Both authors read and approved the final manuscript.

### Article Information

DOI: 10.9734/JAMPS/2016/23250

#### Editor(s):

(1) Jinyong Peng, College of Pharmacy, Dalian Medical University, Dalian, China.

#### Reviewers:

(1) Dror Robinson, Tel Aviv University, Israel.

(2) Anonymous, Erzincan University, Turkey.

(3) P. Varun Menon, PMS College of Dental Science & Research, India.

(4) Oner Menten, Gulhane Military Medical Academy, Turkey.

(5) Akira Sugamata, Tokyo Medical University, Japan.

Complete Peer review History: <http://sciencedomain.org/review-history/12812>

### Case Study

Received 22<sup>nd</sup> November 2015

Accepted 18<sup>th</sup> December 2015

Published 28<sup>th</sup> December 2015

### ABSTRACT

Lipoma is a benign tumor composed of fat cells of adult type. It is a universal tumor as it can occur anywhere in body. Lipoma with size of more than 10 cm in one dimension or weighing a minimum of 1000 gm. called as giant lipoma [1]. Surgical excision is the treatment of choice for lipoma. We report a case of giant lipoma (4.5 kg.) causing a decubitus ulcer over the nape of the neck which is rare entity.

*Keywords: Benign tumor; giant lipoma; lipoma; tumor.*

### 1. INTRODUCTION

Lipoma is a common benign tumor. The annual incidence of lipoma is one per 1,000 persons.

Lipomas are generally slow-growing tumor with a firm rubbery consistency. While about 80% of lipomas are less than 5 cm in diameter, some can reach more than 20 cm and weigh several

\*Corresponding author: E-mail: [dbaroliarnt@gmail.com](mailto:dbaroliarnt@gmail.com);

kilograms. Usually lipomas are asymptomatic but can cause pain when they compress nerves. Solitary lesions are seen about 80% of the time, commonly in women, while multiple lesions are most common in young men [2]. Lipoma is seen in all age group though most commonly seen in fifth and sixth decade [3]. It constitutes five percent of all benign tumors of body and can be found anywhere in the body [4]. Lipoma of the head and neck region is not commonly encountered (13%). The first case of lipoma in the neck region was reported over 100 years ago [5]. Amongst the head and neck lipomas, the commonest location is the posterior neck [6].

## 2. CASE REPORT

We report a case of ulcerated giant lipoma size 15x15 cm, 4.5 kg. weigh, over nape of neck in 60 year old patient. A 60 year old male patient presented with a chief complaint of swelling over nape of neck since 12 years. Initially swelling was small in size, with time swelling was increasing in size gradually. Patient has difficulty during sleeping in supine position and difficulty in neck movement. Since three years he got developed ulcer over summit of swelling. This ulcerated lesion made suspicious diagnosis of malignancy. Cosmetically he felt guilty due to the swelling. Swelling was globular, firm in consistency, freely mobile over base, ulcer over summit with slough. There were visible dilated veins over swelling. Due to weigh swelling was hanging down and giving appearance like pedunculated swelling. Fine needle aspiration cytology report of swelling was showing fat cells. CT scan report revealed that mass was well defined and present in sub-cutaneous plane. There was no communication with spinal cord. Other hematological investigations like complete blood count, bleeding time, clotting time, blood sugar, serum urea and creatinine were with in normal limit. Patient was operated in plan OT (Operation Theater) under general anaesthesia and lipoma was excised with ulcer after giving elliptical incision. Wound closed after placing a drain. Drain was removed on third post-operative day. Patient discharge without any complication on eight post-operative days. Follow up of patient was done in outdoor. There was no complaint of patient at follow-up. Histopathology of biopsy report revealed as lipoma without any evidence of malignancy.



Fig. 1. Showing giant ulcerated swelling



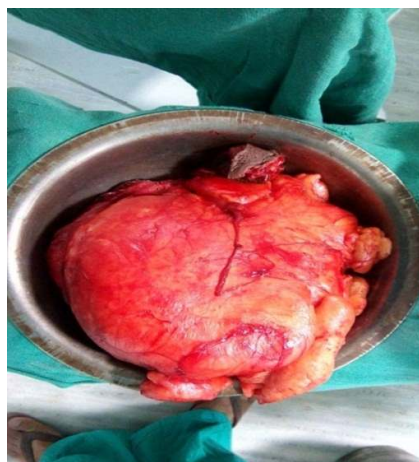
Fig. 2. Showing visible dilated vein



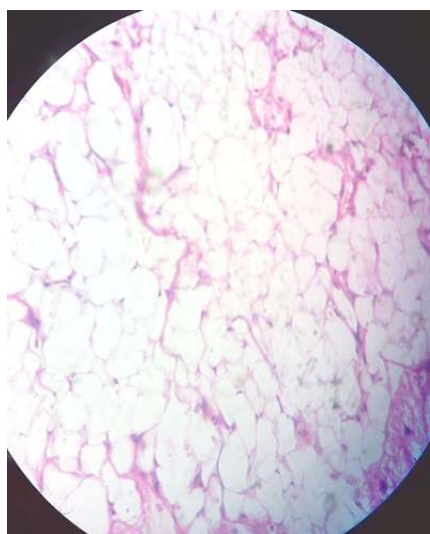
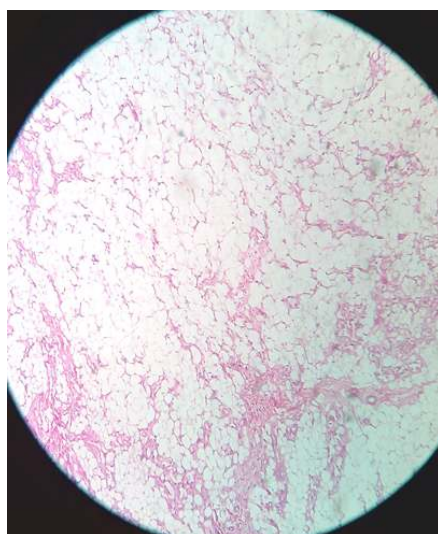
Fig. 3. Intra-operative finding after excision of swelling, showing no communication with spinal cord



**Fig. 4. Excised giant lipoma skin side view**



**Fig. 5. Excised giant lipoma internal view**



**Figs. 6 and 7. Histopathology of excised lipoma showing mature adipocytes under 10X and 45X along with fibrous tissue**

### **3. DISCUSSION**

A lipoma is a benign tumor composed of adipose tissue (body fat). It is the most common benign form of soft tissue tumor [7]. Giant lipomas are defined by Sanchez et al as lesions with size of at least 10 cm in one dimension or weighing a minimum of 1,000 gm. [1]. We report a case of giant size lipoma (4.5 kg) over nape of neck. Dr. Shruti Patel et al did report a case of giant lipoma (5.5 kg.) of posterior neck [8]. Most of the lipomas are small but some lipomas are huge in size that they resemble like malignant swelling. Ulcerated huge lipoma swelling with bleeding arouse suspect of malignancy [9]. Ulcerated hemorrhagic lipomas may arouse suspect of

especially gastrointestinal stromal malignancies. These are at differential diagnosis of ulcerated huge lipomas [10]. After long time lipoma may undergo myxomatous degeneration, saponification, calcification, infection, ulceration due to repeated trauma and malignant transformation. Rarely malignant transformation of lipoma into liposarcoma has been described [11,12]. Lipomas are tumors with unexplained pathogenesis and etiology. Hereditary factors have been reported in conditions such as familial multiple lipomatosis [13]. According to WHO classification of soft tumors these can be classified into nine groups, including lipoma, lipomatosis, lipoblastoma, angiolipoma, myolipoma of soft tissues, chondroid lipoma,

spindle cell lipoma, and finally hibernoma and pleomorphic lipoma [14]. FNAC, USG, CT scan and MRI are useful diagnostic tool for final diagnosis. CT scan and MRI are more informative as they provide information about extension of tumor, nature of tumor, benign or malignant, invasion of adjacent or surrounding structure.

#### 4. CONCLUSION

Lipoma is a common benign tumor. Huge lipoma with ulcer over summit over nape of neck is not common entity. Such type of swelling resemble like malignancy. So, this type of swelling should be operated after proper diagnosis. Surgical excision is the treatment of choice for lipoma.

#### CONSENT

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

#### ETHICAL APPROVAL

It is not applicable.

#### COMPETING INTERESTS

Authors have declared that no competing interests exist.

#### REFERENCES

1. Sanchez MR, Golomb FM, Moy JA, Potozkin JR. Giant lipoma: Case report and review of the literature. *J Am Acad Dermatol.* 1993;28:266.
2. Luba MC, Bangs SA, Mohler AM, Stulberg DL. Common benign skin tumours. *AmFam Physician.* 2003;67:729-738.
3. Salam G. Lipoma excision. *AmFam Physician.* 2002 65:901-905.
4. Enzinger FM, Weiss SW. Benign lipomatous tumors. In: Enzinger FM, Weiss SW, eds. *Soft Tissue Tumors.* 2<sup>nd</sup> edn. St Louis: Mosby; 1988;301-345.
5. Horne WJ. lipoma or cystoma of the neck. *Proc R Soc Med.* 1908;1(Laryngol sect): 38-39.
6. Barnes L. Tumors & tumor like lesions of the head & neck: In: Barnes L, ed. *surgical pathology of the head and neck.* New York, NY: Dekker. 1985;747-758.
7. Bancroft LW, Kransdorf MJ, Peterson JJ, O'Connor MI. Benign fatty tumors: Classification, clinical course, imaging appearance and treatment. *Skeletal Radiol.* 2006;35(10):719-733. DOI: 10.1007/s002560060189y PMID 16927086.
8. Shruti Patel, Saurabh Jindal, Mohinder Singh. Giant lipoma of the posterior neck - a rare entity. *JIMSA.* 2012;25(4):245.
9. Gluscek S. Giant lipoma of thigh. *Wiad Lek.* 1987;40(12):845-848.
10. Peker K, Sayar I, Gelincik I, et al. The diagnostic importance of matrix metalloproteinase-7 and nestin in gastrointestinal stromal tumors. *Med Sci Monit.* 2014;20:674-680.
11. Mentzel T. Cutaneous lipomatous neoplasms. *Semi Diagn Pathol.* 2001;18:250-257.
12. Mentzel T. Biological continuum of benign, atypical, and malignant mesenchymal neoplasms – does it exist? *J Pathol.* 2000;190:523-525.
13. Leffell DJ, Braverman AM. Familiar multiple lipomatosis. Report of a case and a review of the literature. *J Am Acad Dermatol.* 1986;15:257-259.
14. Murphey MD, Carroll JF, Flemming DJ, Pope TL, Gannon FH, Kransdorf MJ. From the archives of the AFIP: Benign musculoskeletal lipomatous lesions. *Radiographics.* 2004;24:1433-1466.

© 2016 Barolia and Atal; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

*Peer-review history:*  
*The peer review history for this paper can be accessed here:*  
<http://sciencedomain.org/review-history/12812>